

OPS Integrity Management Database

New Notification Form

Operator:

Submitted by:

Job title:

Contact Email:

Date Submitted:

Type: (at least one type must be checked)

☐ Repair type

☐ Technology type

☐ Interval type

Summary: Brief summary statement describing the purpose of the notification.

Commodity:

Size:

Material:

Weld Type:

Coatings:

Design Pressure:

MOP:

Wall Thickness:

**Year
Manufactured:**

**Year
Installed:**

Date Last Pigged:

Pigging Report:

Last Hydro:
Date last hydro was
performed.

Additional Pipeline Details: Provide any additional details about the affected pipeline.

Segment Location: Information about location of affected segments(s), such as milepost, country, state, etc. (report for each affected segment.) Instead you may enter "Entire System" if applicable.

Segment Details: Enter any additional information describing the affected segment(s).		
Must check one: <input type="checkbox"/> Interstate Pipeline <input type="checkbox"/> Intrastate Pipeline	Affected states:	HCA Miles: Length of segment that "can affect" HCA
Type of HCA Affected: (Can be more than one)		
<input type="checkbox"/> High Population Area <input type="checkbox"/> Other Populated Area	<input type="checkbox"/> Ecological USA (If checked, also enter the Resources Affected below.) <input type="checkbox"/> Navigable waters	<input type="checkbox"/> Drinking Water USA
HCA Interaction: Describe nature of HCA interaction (intersects, release can affect, etc.)		

Use one of the following three forms, as appropriate.

Notification Form – Repair Section

Category: (at least one type must be checked)

☐ Immediate

☐ 60-day

☐ 180-day

Defects: Provide a description of defects requiring repair. Be sure to indicate whether multiple and/or clustered defects exist. Characterize any defects that have been excavated.

Repairs Required: Provide a description of the repairs needed.

Reason for Delay: Describe factors within and outside of operator's control.

Pressure Reason: Explain why pressure cannot be reduced. Justify adequate safety for the operating period expected.

Safety Basis: Basis for concluding delay will not jeopardize public safety or environmental protection.

Schedule: Proposed schedule for repair.

Mitigation: Describe other mitigative actions planned.

Other Info: Other information relevant for OPS review. If additional supporting material has been forwarded by email, provide a brief description below.

Notification Form – Technology Section

Assessment Schedule: Scheduled date of assessment.

Description: Description of other technology to be used.

Equivalency Basis: Basis for concluding the “equivalent understanding” of pipe condition will be provided.

Other Info: Other information relevant for OPS review. If additional supporting material has been forwarded by email, provide a brief description below.

Notification Form - Interval Section	
Basis Type: (at least one type must be checked) <input type="checkbox"/> Engineering Basis <input type="checkbox"/> Unavailable Technology	
Last Assessment: Provide both the date of the last assessment and the method used. 	
New Interval: Proposed new interval (applies only to engineering basis). 	
Schedule: Proposed schedule for completion (applies only to unavailable technology). 	
Additional Actions: Actions to provide equivalent understanding (engineering basis), or interim evaluation of pipeline integrity (unavailable technology) 	
Basis: Summary of engineering basis for extended interval, or reason why required interval cannot be met. 	
Other Info: Other information relevant for OPS review. If additional supporting material has been forwarded by email, provide a brief description below. 	